1.73 m^2 and 424 with eGFR < 60 mL/min/1.73 m^2. Patients with eGFR < 60 mL/min/1.73 m^2 were more likely to be older and smoker, had history of episodes of chronic tonsillitis and hypertension, had higher levels of baseline blood pressure, serum uric acid, cholesterol and proteinuria, and lower levels of hemoglobin, serum albumin and onset of gross hematuria. For pathological characteristics, they presented with heavier global and segmental glomerulosclerosis, crescents, tubular atrophy, interstitial fibrosis and imflammatory cell infiltrates, arteriolar intimal thickening and hyalinization (Table 1). Multivariate logistic model showed that elderly (OR [95% CI]: 1.071 [1.048, 1.094]), hypertension (OR [95% CI]: 1.071 [1.048, 1.094]), hyperuricemia (OR [95% CI]: 1.008 [1.006, 1.010]), anemia (OR [95% CI]: 0.977 [0.965, 0.989]), proteinuria (OR [95% CI]: 1.196 [1.010, 1.416]), global glomerular sclerosis (OR [95% CI]: 1.702 [1.499, 1.934]) and crescents (OR [95% CI]: 1.562 [1.208, 2.020]) were associated with an increased risk of deterioration of kidney function in IgAN patients (Table 2).
Conclusion: Early screening of the clinicopathological predictors plays an important role in protection of deterioration of kidney function in IgAN patients.

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0134
Clinical Outcomes of IgA Nephropathy Patients with Different Proportions of Crescents

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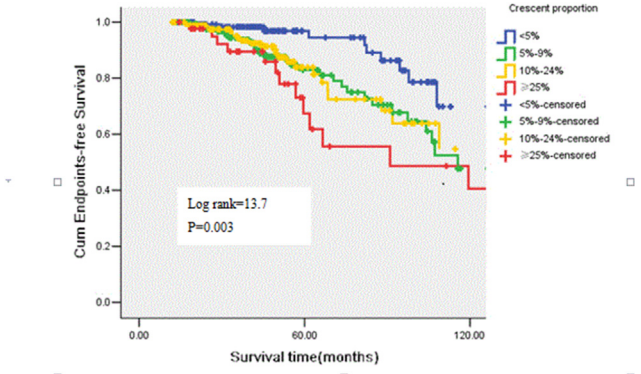
Objective: We aimed to investigate the clinicopathological characteristics and outcomes of IgAN patients with different proportions of crescents.
Methods: Biopsy—proven primary IgAN patients with histological crescents formation were enrolled in this retrospective cohort study, defined as a composite of doubling of baseline serum creatinine and/or ESRD and/or death.
Results: 538 out of 721 crescent-featured IgAN patients were followed up and included in the analysis. The median crescent proportion was 8.0% (IQR: 4.5%-14.3%). We further ≥ 25%. Along with growing crescent proportion were reducing eGFR, decreasing level of hemoglobin and increasing amount of urine protein excretion. The composite endpoint-free survival rates for the above four subgroups were 94.5%, 82.9%, 83.9%, 67.4% at 5 years, and at 10 years (log rank test $\chi^2 = 13.7$, p = 0.003). Multivariate Cox regression analyses adjusting for eGFR, hypertension, proteinuria, and Oxford-MEST demonstrated the predictive significance of increasing crescent proportion with adverse outcomes [every increase by 5% (log-transformed): HR = 1.51, 95% CI 1.08-2.11, p = 0.015].
Conclusion: Increasing crescent proportion was evidenced to be one of independent predictors for adverse outcomes adjusting for both clinical parameters and Oxford-MEST in IgAN. Consequently, the formation of crescents in small proportion should be attached sufficient attention in clinical practice.



No. at risk			
<5%	151	40	4
5%-9%	168	47	7
10%-24%	176	35	5
≥25%	43	12	5
Total	538	134	21

Cumulative survival rate from the composite outcome (%)

Crescent proportion	60 months (5yr)	120 months (10 yr)
<5%	94.5	69.9
5%-9%	82.9	47.7
10%-24%	83.9	43.8
≥25%	67.4	40.6
Total	85.2	53.5

Figure 1. Clinical outcomes of IgAN patients with different proportions of crescents.

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0146
Clinicopathological Features and Prognosis of IgA Nephropathy Patients with Endocapillary Proliferation

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Objective: This study aimed to investigate the clinicopathological features and prognosis of IgA nephropathy (IgAN) patients with endocapillary proliferation.
Methods: This is a single center, retrospective, cohort study. Patients were assigned to two groups according to whether they had endocapillary proliferation (E1 group) or not (E0 group). The clinicopathological features and outcome during follow-up were collected and analyzed. The primary outcome was end stage renal disease (ESRD) (eGFR < 15 ml/min/1.73 m^2, dialysis, or renal transplantation) or doubling of baseline serum creatinine. The impact of endocapillary proliferation on renal outcome was evaluated by cox proportional hazard model.
Results: A total of 1570 patients were screened. After excluding 388 patients without endocapillary proliferation data, 1182 patients were enrolled and 431 (36.5%) were assigned to E1 group. Compared to E0 group, patients in E1 group had a smaller proportion of smokers, lower level of hemoglobin and albumin, while they had a higher level of uric acid and 24-hour urinary protein excretion. In addition, E1 group presented with a larger proportion of crescent, arteriolar wall thickness, capillary loops necrosis and segmental sclerosis, and more severe tubular atrophy/interstitial fibrosis. A total of 825 patients were included in the subsequent study with a median follow-up time of 47.5 (34.4, 58.8) months. The Kaplan-Meier curve showed that renal survival rates calculated from the combined events at 3, 5, and 7 years were 91%, 83%, 83% in E1 group. Endocapillary proliferation was not an independent risk factor for renal outcome (OR = 1.47, 95% CI 0.89—2.43, P = 0.136). Younger age, glomerulosclerosis, segmental sclerosis, larger crescent proportion and interstitial inflammatory infiltration were independent risk factors for renal outcome in patients with endocapillary proliferation.
Conclusion: IgAN patients with endocapillary proliferation presented with worse clinicopathological features. No significant association was found between endocapillary proliferation and renal outcome.

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0151
Clinicopathological Characteristics and Associated Factors of IgA Nephropathy Patients with Abnormal Circadian Blood Pressure

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Objective: This study aimed to investigate the incidence of abnormal circadian blood pressure rhythm in patients with IgA nephropathy (IgAN) and analyze its associations with clinical pathological characteristics and possible related risk factors.
Methods: Patients who were biopsy-proven primary IgAN from June 2013 and December 2014 in our hospital were recruited and underwent 24-hour ambulatory blood pressure monitoring (ABPM) and ultrasonographic assessment. 24